

**MINUTES OF THE REGULAR MEETING OF THE
TOBACCO USE PREVENTION AND CESSATION EXECUTIVE BOARD
January 18, 2001**

The regular meeting of the Tobacco Use Prevention and Cessation Executive Board was called to order at 1:35 p.m., E.S.T., in Rice Auditorium of the Indiana State Department of Health (ISDH) Building by Bain Farris, Chairperson. The following Executive and Advisory Board members were present for all or part of the meeting:

Bain J. Farris, Chairman
Alan Snell, MD (via phone)
Michael Blood, MD
Peggy Voelz
Robbie Barkley
Frank Kenny
Stephen Jay, MD
Richard Huber, MD
James Jones
J. Michael Meyer
Karla Sneegas
Steve Simpson, MD
Patricia Hart
Mohammad Torabi, PhD
Pamela Peterson-Hines
Mary DePrez for State Health Commissioner (Ex-Officio)
Janet Corson for Katie Humphreys (Ex-Officio)
Phyllis Lewis for Suellen Reed, EdD (Ex-Officio)
Matt Steward for Steve Carter (Ex-Officio)
Arden Christen, DDS (Advisory Board)
Diana Swanson, NP (Advisory Board)
Cecelia Bordador (Advisory Board)
Heather McCarthy (Advisory Board)

The following Executive and Advisory Board members were not in attendance:

Robert Keen, PhD
Alice Weathers
Bennett Desadier, MD (Advisory Board)
Steve Montgomery (Advisory Board)
Olga Villa Parra (Advisory Board)
Kay Wheeler (Advisory Board)
Nadine McDowell (Advisory Board)
Robert Arnold (Advisory Board)
Diane Clements (Advisory Board)
Kate Taylor (Advisory Board)
Steven Guthrie (Advisory Board)

Others in attendance:

Penny Davis, Indiana State Excise Police
Eric Scroggins, State Personnel Department
Louise Polansky, FSSA/DMH
Darla Shields, MZD Advertising
Harry Davis, MZD Advertising
Sharon Shotts, MZD Advertising
Margaret Durch, MZD Advertising
Marina Angelo, MZD Advertising
Louis Mahern, Publicis
Tom Hirschauer, Publicis
Henzy Green, LTM
Brian Lucas, Indiana Teen Institute
Aaron Doeppers, Campaign for Tobacco Free Kids
Karen Freeman-Wilson, Criminal Justice Institute
Lori Pugh, HIRONs and company
Dr. Rick Markoff, STAR Alliance
Carol Collins, Baker & Daniels
Kelly Alley, Smokefree Indiana
Korey Antonelli, IPRC/TRIP
Kevin Henderson, Comcast
Leslie Goss, American Cancer Society
Dr. Richard Feldman, St. Francis Hospital
Sandy Cummings, Marion Co. Health Dept.
Becky Tuttle, Marion Co. Health Dept.
Mike Pitts, Indiana Petroleum Marketers & Convenience Store Association
Ann Blackmer, Blackmer & Blackmer
Charlie Hiltunen, AHA, ACS & IMHC
Grant Monahan, Indiana Retail Council
Angie Michael, Pinpoint Communication
Jeff Klopfenstein, WRTV
Jenny Moss, Cardinal Health Systems
Sheila Evans, Bloomington Hospital
Shirley Lindsey, Bloomington Hospital
Susan Brooks, Ice Miller
Shawn Richards, ISDH
Pat Durkin, ISDH
Kathy Weaver, ISDH
Mary Ann Hurtle, ISDH
Carolyn Waller, ISDH

I. Minutes

Bain Farris asked for discussion and/or corrections to the December 14, 2000 minutes. Dr. Blood recommended two changes: 1) Dr. Jay should appear in the list of Board members present at the meeting; and 2) on page 6, paragraph 2, third sentence the word "concerned" should be "concern". On a motion by Dr. Blood, seconded by Dr. Huber and passed unanimously, the Board approved the December 14, 2000 minutes as amended.

II. Executive Director Search Committee Update

Mr. Farris reviewed the process, as stated in the January 12, 2001 memorandum to the Board, that the Search Committee used to determine the final recommendation for Executive Director. The Committee is recommending that Karla Sneegas be approved as Executive Director and that J.D. Lux be approved as Deputy Director and General Counsel. Dr. Torabi made a motion to approve the candidates as submitted, it was seconded by Dr. Snell. Mr. Farris asked for discussion from the Board. Dr. Blood asked for clarification of the Deputy Director recommendation. Mr. Farris explained that upon review of the applications submitted the Search Committee agreed that Karla's experience with tobacco programs and J.D.'s knowledge of the legislative process as well as his experience as an attorney, would make an impressive team to guide the new Tobacco Agency. Patricia Hart asked if salaries had been determined. Mr. Farris stated that Karla will hold an E1 position with a salary of \$85,000 and J.D. will hold an E2 position with a salary of \$77,000. Hearing no further discussion Mr. Farris called for the vote and the Board unanimously approved Karla Sneegas as Executive Director and J.D. Lux as Deputy Director and General Counsel.

Dr. Huber expressed his appreciation of the recommendations made by the Search Committee, but was concerned that the Board did not get to decide how they wanted to be included in the interview process as stated in the October 19, 2000 minutes. Dr. Huber made a motion that when the Board seeks action from individuals or groups, it be made as clear as possible as to the scope of the desired action, it was seconded by Pamela Peterson-Hines and passed unanimously. Mr. Farris apologized for any miscommunication that may have occurred.

Dr. Blood asked how much of the budget will be attributed to administrative costs. Mr. Farris stated that a proposed organizational chart, budget and long-range state plan goals and objectives would be presented to the Board in February for approval.

Karla Sneegas thanked the Board and the Search Committee for their trust and confidence in both she and J.D. They are both extremely excited to begin work on the new agency. Indiana has an opportunity to become a model program and pave the way for other states.

Ms. Sneegas introduced Matthew Myers, President and CEO of the National Center for Tobacco Free Kids in Washington, DC. The Center played a major leadership in a national level campaign to assist states in advocating for comprehensive tobacco control programs to be funded through state tobacco settlement funds. Mr. Myers was the only public health advocate involved

in the negotiations between state Attorneys General and the tobacco companies that lead to the 1998 settlement. He later worked with Senator John McCain to develop the comprehensive tobacco control legislation. He has received numerous awards, including the prestigious Surgeon General's medallion, presented by former Surgeon General C. Everett Koop, for his many contributions to the public health of the country.

III. Presentation by Matthew Myers, President, National Campaign for Tobacco Free Kids

Mr. Myers thanked everyone for the invitation to address the Board. He expressed his support of Karla and J.D. in their respective positions in the new tobacco agency. He covered three topics: 1) Nationwide programs - what works and what doesn't; 2) What's changed since the Master Settlement Agreement - is this program as important now as it was then; and 3) Amount of resources needed.

Indiana is one of only six states that committed to spending the minimum amount of money as recommended by CDC. Massachusetts committed approximately the same amount of funding toward tobacco control programs, and within four years experienced a 15 percent decline in overall tobacco use among youth and a 45 percent decline in smoking rates among pregnant women. Florida, in less than two years, saw a 40 percent decline in smoking rates among middle school students and an 18 percent decline in smoking rates among high school students. California, within the first four years of its program (with full funding), saw a dramatic decline in adult and youth smoking rates. When the funding was decreased, the progress they made stopped and attitudes changed. When the funding was increased, they saw a 50 percent decline in smoking rates among adults (almost the lowest in the entire nation). Using the California scenario there are two conclusions - if done right these programs work and there is a relationship between dollars spent and results. Oregon, Arizona and Mississippi have also seen good results from their tobacco control programs. Both Massachusetts and California have seen a significant measurable decline in heart attacks and strokes directly attributable to their smoking programs. California has seen its lung cancer rates drop five times the national average.

The most commonly asked question: If you could do one thing what would you do? Mr. Myers stated that you have to do a comprehensive program. The State of Washington spent \$15 million dollars on a very well-done school-based curriculum but did not compliment it with any school smoking policy changes, didn't discourage smoking among the teachers, didn't fund any community-based programs, and didn't do any mass media campaign. They were amazed to find that the program did not work. The results from this study were recently released by the National Cancer Institute.

The first lesson to learn is that programs must be comprehensive. A good program has:

- 1) a strong hard-hitting mass media component,
- 2) a high priority to funding community groups,
- 3) some focus on school based efforts, and
- 4) better enforcement of the laws.

The two most important things to be coordinated in a timely fashion:

- 1) a very solid age-appropriate mass media campaign
- 2) coordination of this media campaign with community groups

Mr. Myers stated that it is as important today as it was before the November 1998 Master Settlement Agreement (MSA). In the year after the MSA, youth exposure to tobacco through advertising had not declined, but had slightly increased. The Center has found that the tobacco industry has not changed their practices. For example, convenience stores displaying the We Card program signs did not show a decrease in the illegal sale of tobacco to minors. The Center also did a comparison of the tobacco industry advertising themes and imagery and found there was virtually no change since the MSA was signed. In some instances if there was a change it was not a positive one. He stated that the task before the Indiana Tobacco Use Prevention and Cessation Executive Board is as important today as it was when the Attorney's General first filed suit.

Dr. Jay stated that there is very little national commitment to tobacco control. How will this effect Indiana's tobacco control programs? Mr. Myers responded that fundamentally if it becomes less of a priority for the national government then it becomes more of a priority for the state government. Hopefully, the new Secretary of Health and Human Services will urge the CDC to provide technical assistance to help the states with tobacco control programs.

Dr. Snell asked if there are examples of states that have been able to tackle the minority disparity issues. Mr. Myers responded that Mississippi made a special effort in that area that produced very quick and meaningful results. California has had a real focus on working with local minority groups and tailoring media messages to that population. The American Legacy Foundation researchers have information on targeting minority populations.

Dr. Blood asked if there is much information available about employer-based programs. Mr. Myers responded that there are models available from California and Massachusetts as well as the private sector. Employer-based programs, in conjunction with a smoke-free workplace, have had substantial success. Over the long-run health care costs can be reduced. Mr. Farris stated that there is a model that was put together by Indiana hospitals and given to the local Chamber of Commerce for distribution. Dr. Jay stated that it needs to be explained to employers that there are immediate and short-term benefits to tobacco users and their families.

Cecilia Bordador asked if the programs would be most effective if targeted specifically at tobacco use, prevention and cessation or incorporated with Alcohol, Tobacco and Other Drugs (ATOD). Mr. Myers responded that it is fundamentally important that there are programs that incorporate ATOD, but when an ATOD program is combined with tobacco you do not get the effect on tobacco. If you have a successful tobacco program, it will have an impact on the illegal use of alcohol and drugs.

Dr. Blood asked for examples of successful community-based programs. Mr. Myers responded that there are a number of models. California monitors and evaluates its community-based programs. Mississippi has documentation on their outreach to community churches and sports related community groups.

Dr. Torabi stated that the majority of current smokers start prior to age 20 and asked if Indiana tobacco programs should be aimed at school-age youth. Mr. Myers responded that you cannot ignore the adult audience and be effective with children over the long term. Children model adult behavior. The economic benefit will come from getting people to quit smoking rather than discouraging them from starting.

IV. Long-Range State Plan Development Update

Mr. Farris stated that the most recent draft of the Long-Range State Plan Goals and Objectives was distributed for review. Ms. Sneegas asked the Board to specifically review the Vision and Draft 2005 Objectives. Comments should be sent to Karla Sneegas or J.D. Lux.

V. Draft Broad Agency Announcement (BAA) for Media Coordination

Mr. Farris stated that a draft BAA has been distributed for review as an example of what a BAA looks like and the process that the board will need to use in distributing funds. Comments should be sent to Karla Sneegas or J.D. Lux. Joe Hunt explained the BAA process. A BAA is basically for services and a Request for Proposal (RFP) is for goods and services. The completed BAA is taken to the Department of Administration (DOA) to make sure it meets the required criteria. DOA then posts it on the Access Indiana web page. The timeframe for proposals to be submitted to DOA is usually 30 days and a cut-off time (i.e. 2:00 pm) is established and strictly adhered to. Vendor conferences can be scheduled so that those interested in applying can hear the intent behind the BAA and ask specific questions. DOA will hold all submitted proposals until the agency submits an evaluation plan. The proposals are then sent to the agency to evaluate. The agency sends the proposal which best meet the intent of the BAA back to DOA for approval. Once approved by DOA the agency can then start contract negotiations with the vendor. Several agencies have to sign off on the contract. The signature process ends with the Attorney General's Office. The entire BAA process normally takes from four to six months. Dr. Huber asked for clarification of the wording on page 10 under Equal Opportunity Commitment. Mr. Hunt explained that this language is the same in all BAAs and means that DOA is ultimately responsible for making sure the proposals meet all the criteria of the BAA. If a proposal does not meet the criteria then DOA can return it to the agency for additional review.

Mr. Farris thanked Karen Freeman-Wilson and Dr. Richard Feldman for their participation on the Executive Board and the Executive Director Search Committee.

Dr. Huber asked that the new Board members in attendance introduce themselves. Frank Kenny is replacing Ronnie Greenberg from the American Lung Association; Matt Steward is representing Attorney General Steve Carter; and Mary DePrez, Deputy State Health Commissioner is representing the State Health Commissioner.

Dr. Huber asked when a new Vice Chairperson will be selected. Mr. Farris responded that according to the statute the Vice Chair position must come from the State Department of Health, the Attorney General's Office, the Department of Education, or the Family and Social Services Administration. A selection will be made when the State Health Commissioner position has been appointed.

Dr. Jay moved that the Board recognize Matt Myers with a Resolution proclaiming him "Friend of the Board", it was seconded by Dr. Huber and passed unanimously. Mr. Farris asked Dr. Jay to work with Tami on the formal wording.

Dr. Huber inquired about the Board members talking to legislators on specific tobacco bills and/or additional funding. Mr. Farris and Pat Rios responded that the Board members, as state employees, cannot lobby on behalf of the Executive Board. Information from the Board can be provided to the legislature upon their request. Mr. Farris stated that there should be one message coming from the Board. Dr. Huber moved that all Executive and Advisory Board members be active as private citizens in the tobacco arena at the State House, it was seconded by Peggy Voelz and passed unanimously.

Mr. Jones stated that it might be helpful for the Board to have a briefing at the State House about the legislative process. Mr. Farris stated that he and Karla have talked about scheduling different briefings for the Board members and they will include a legislative briefing on the list. Mr. Jones also requested that the Board be notified when budget hearings are scheduled.

Peggy Voelz requested a legislative update on the agenda for the February Executive Board meeting.

Mr. Farris asked for comments from the public. Kelly Alley congratulated the Board on selecting a great team for Executive Director and Deputy Director of the new tobacco agency.

Karla Sneegas stated that the February Executive Board meeting will be from 11:00 to 12:00. There will be lunch on your own from 12:00 to 1:00 pm. The CDC Satellite Conference will be from 1:00 to 3:00 pm.

Cecelia Bordador distributed information that she put together demonstrating how tobacco control efforts can be incorporated into Black History Month events.

The Executive Board meeting adjourned at 3:30 p.m.